

CHART Investments: Considerations of Potential Innovations for Substance Abuse Treatment in Hospitals

Beth Waldman, JD, MPH
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Objectives of the Presentation

- Provide an overview of the current landscape of substance use treatment, including the role of hospitals
- Provide ideas of innovations for hospitals to consider in putting together CHART funding proposals,* identifying potential areas of overlap with innovative treatment for mental health
- Provide ideas on how to measure successes of innovations

** Presentation of an idea during this webinar does not guarantee that it will be funded through CHART*

Why Substance Use is Potential Area of Focus for CHART

- Substance use, particularly use of opiates, is considered an epidemic
 - Recent focus on opiate use through Governor's Opiate Task Force as well as Senate's special committee
 - Just launched CDC website focused on opioids;
<http://www.cdc.gov/vitalsigns/opioid-prescribing/index.html>
- Ongoing focus on integration of behavioral health and physical health in the Commonwealth
 - 2013 Recommendations of Behavioral Health Integration Task Force
- Hospitals see many patients with behavioral health issues and improving their care may improve overall health outcomes and reduce cost growth

Case for Increased Focus on Substance Use Treatment in Hospitals (1 of 3)

- Hospitals see individuals in throes of substance use crises
 - Often when individuals hit rock bottom it is an opportunity to get into treatment, or to educate a family member about potential resources
 - Hospital visits are also a potential “teachable moment” for individuals whose substance use hasn’t yet risen to a crisis level

Case for Increased Focus on Substance Use Treatment in Hospitals (2 of 3)

- Hospitals prescribe pain medication – both in ED and as part of inpatient treatment
 - Addiction to pain medication is a key driver of the opiate crisis.
 - Hospitals are in a difficult position – having to measure and often rewarded/penalized based on management of pain but needing to balance with potential addictive nature of medicine

Case for Increased Focus on Substance Use Treatment in Hospitals (3 of 3)

- Substance use is a chronic disease
 - Individuals with substance use can be high cost – with substance use making management of other chronic diseases more complicated
 - As hospitals participate in alternative payment methodologies where they are accountable for managing the care for the whole patient, effective management of substance use (and other behavioral health issues) will be essential to meeting quality standards and managing risk

Potential Innovations in Substance Use Treatment in Acute Hospitals

- In Emergency Departments
- In Inpatient Settings
- As a Community Partner

Potential Innovations: Emergency Departments

- In Emergency Departments
 - Utilize SBIRT
 - Utilize Peers (RI Model)
 - Utilize Technology to make follow-up appointments prior to leaving ED
 - Utilize Prescription Monitoring Program (PMP)
 - Utilize Care Plans
 - Utilize High Risk Care Teams and / or include BH patients in existing intervention models
 - Collaborate with community-based providers on admission decisions

Utilize SBIRT in the ED

- SBIRT is an evidenced-based practice that identifies patients with unhealthy or harmful drug/alcohol use and refer patients for interventions
 - Brief Intervention is a short discussion to show concern for level of use and potential harms
 - Treatment can range from receiving information about a support meeting to an appointment at a treatment center
 - Uses a motivational interviewing technique to identify drug and alcohol use and to assess readiness for change
- This is currently happening in some Massachusetts EDs.
 - BSAS currently funds use of SBIRT in seven EDs across state, using health promotion advocates.
 - Some states also utilize nurse-led SBIRT practices in the ED

Potential Interventions

- Hospitals may consider the following interventions:
 - Develop ED-based SBIRT program
 - Train physicians and medical staff on SBIRT
 - Fund use of health promotion advocates

Utilize Peers (1 of 2)

- Placement of Peers in the ED will provide patients with support to:
 - Assist a patient by understanding patient's needs and relaying appropriately to the ED physician
 - Assisting a patient as discharged from the ED to understand care needs and follow-up
 - Assist in patient understanding of what to do next time a similar issue occurs
 - Can be used for individuals with substance use and/or mental health issues

Utilize Peers (2 of 2)

- Another variation is to use peers to outreach to individuals who frequent EDs.
 - RI's Communities of Care program utilizes community health workers (CHWs) to outreach to Medicaid members who visit the ED four or more times in a year.
 - The CHWs are peers that try to determine why individuals go to the ED and help seek needed resources and supports

Utilize Technology

- EDs that are part of a health system or partnership with providers can utilize technology to schedule follow up appointments for patients prior to discharge from the ED.
 - This has application beyond patients with substance use.
 - Allows for the ED to help the patients take steps related to follow-up care
 - For individuals at ED for pain, can allow for limited prescription of pain medicine with quick follow-up with primary care or other provider
 - For individuals at ED for substance use, can allow for making an appointment at time when person is ready to change.

Utilize Prescription Monitoring Program (PMP)

- Newly enacted legislation requires all physicians be on the PMP by the end of this year, and that all physicians utilize the PMP prior to filling a prescription
 - PMP provides ability to query on prescriptions related to controlled substances
 - Can help to identify physician (or ED) shopping
 - Can be used to better inform patient-provider discussions about use of opioids
- In order to ensure that PMP is checked, EDs will need to change work flows and develop protocols.
 - Potential initiative could include overall revision to ED workflow to better incorporate needs of substance users, including incorporating PMP into revised workflow.

Utilize Care Plans

- Developing care plans can help patients understand what to do when having a particular issue and determining when it is appropriate to use the ED
- A Care Plan should include:
 - A team approach
 - Use of electronic medical records
 - Facilitation of follow-up care (both medication-assisted treatment and community-based services)
 - Address substance use (and any other chronic conditions)
 - Limit prescription of narcotics in the ED to those with acute pain; and when providing narcotics only provide limited amount for use until can see primary care physician.
 - Refer individuals who show readiness to change to treatment programs

Utilize High Risk Care Teams

- Implement high risk care teams within the ED that specialize in treatment of individuals with substance use and / or include behavioral health patients in existing intervention models
- Develop specific protocols for use in treatment via the high risk care teams, including
 - Membership of care team (specifically trained in treatment of individuals with substance use; consider including peers)
 - Development of care plans (including community-based resources and referrals, discharge planning, follow-up care)
 - Development of specific discharge planning considerations for those with substance use issues, including discussion of treatment options and referrals to follow-up care

Collaborate with Community-Based Providers around Admissions

- Collaborations between Community-Based Providers and ED physicians may reduce length of stay and improve care
 - Train ED staff on available community resources and treatment options
 - Use of peers and/or social workers to make community connections upon discharge

Potential Innovations: Inpatient Settings

- In Inpatient Settings:
 - Protocol Development for treating individuals with substance use disorders
 - Education for hospital staff (at all levels) on substance use as chronic disease

Protocol Development (1 of 2)

- Develop specific hospital protocols for treating individuals with substance use disorders
 - Routine screening for substance use and mental health problems
 - Establish standards for managing pain that balances reducing pain with medication addiction
 - Education of patients regarding addictive nature of medication and potential alternatives; close following of such patients
 - Provide for short-term prescriptions in ED and inpatient settings for pain medications; which will help with follow-up in community by primary care physician

Protocol Development (2 of 2)

- Develop specific hospital protocols for treating individuals with substance use disorders
 - Include substance use providers, social workers and/or peer navigators on inpatient care teams to provide expertise
 - Use specialized discharge planning that includes support resources, referrals for follow-up treatment and assistance with appointment set-up
 - Utilize technology to allow for appointment set up in outpatient settings while in hospital (similar to ED suggestion above)

Education to Reduce Stigma

- Focus groups from Opiate Task Force revealed a perception by consumers and their families of stigma in hospitals for opioid users
 - Also occurs for those with mental illness
- This stigma impacts care provided, and in some cases may cause an individual to leave against medical advice
- Hospitals could develop a training curriculum and provide ongoing training to staff in all departments and at all levels about substance use as a chronic disease

Potential Interventions: Community-Based

- As a Community Partner
 - Team with prevention coalitions to leverage hospital expertise and outreach to community
 - Partner with community-based organizations to provide education on substance use
 - Development of community-based referral system
 - Development of community alternatives to ED for individuals with substance use but no other complicating medical issues

Team with Prevention Coalitions

- Most communities across state have substance use prevention coalitions. In some areas, hospitals have taken an active role in participating in initiatives of the coalitions
- Hospitals can be strong voices in the community and can promote community-based resources
- Hospitals could partner with community-based resources to reduce ED visits and admissions related to substance use by working on prevention issues together.

Partner with Community-Based Organizations to Provide Education on Substance Use

- Hospitals can play an important role in educating individuals in the community about preventing substance use
 - Appropriate messages regarding alcohol and marijuana use
 - Education on appropriate use of pain medication and other options, and pain medication as being potentially addictive
 - Proper disposal of prescription drugs
 - Where individuals can go for help for them or someone they care for

Community-Based Referral Network

- A big issue is often inability to access community based services.
 - Leads to individuals going to ED as place of last resort
- Hospitals could work with community-based organizations and providers in their regional areas to develop a referral network of services and resources
 - Could assist individuals in getting help before need hospital services
 - For those who need hospital services, it also provides as a resource for accessing follow-up care.

Development of Community-Based Programs as ED Diversion

- Develop a diversion program that would allow for detoxification in a community setting
 - May be most appropriate for development by hospitals who see a large number of individuals entering ED only with substance use issues
 - Diversion can provide short-term detoxification treatment
 - Following diversion, should provide referral to longer term treatment and ongoing supports for housing and employment
 - Similar in many ways to the Emergency Service Provider program

Measurement of Successes

- For any initiative, important to include how will monitor the success
- Metrics will vary based on initiatives, but potential options include:
 - Reduced in ED visits or inpatient admissions related to substance use
 - Reduced prescription of pain medications
 - Increased discharge planning that takes into account substance use issues and provides referrals for treatment
 - 14-day follow-up after initiating substance use treatment
 - Access to substance use treatment (adult and/or child)
 - Outpatient follow-up after first substance use treatment

Questions

- For questions about the CHART Phase 2 RFP, please contact the HPC CHART Team at HPC-CHART@state.ma.us
- For more information about CHART, please see www.mass.gov/hpc/chart